

## Eligible Training Provider Assurances Form

Return Form to:

Karen Pyle, Research Analyst

Workforce Training and Education Coordinating Board

128 10<sup>th</sup> Avenue SW

PO Box 43105

Olympia, WA 98504-3105

### Part A.

I certify that \_\_\_\_\_ (name of school/organization):

- (a) is a legal entity, registered to do business in Washington State
- (b) is eligible to receive Federal funds
- (c) does not discriminate against nor deny employment or services to any person on the grounds of race, color, religion, sex, national origin, age, handicap, citizenship, political affiliation or belief
- (d) complies with the 1990 Americans with Disabilities Act (ADA)
- (e) has demonstrated effectiveness in operating occupational classroom training programs(s) including provision of placement assistance
- (a) agrees that provider facilities, classroom instruction, relevant financial records, and attendance records may be reviewed during the period of performance of any voucher by state, federal and/or local monitors or auditors to ensure compliance with funding requirements

**Note:** Community and technical colleges and apprenticeship programs do not need to sign Part B of this Assurances Form. Community and technical colleges and apprenticeship programs do not need to collect and submit any data beyond the data regularly submitted, respectively, to the State Board for Community Colleges and the Department of Labor and Industries.

### Part B.

I certify that staff of \_\_\_\_\_ (name of school/organization):

- (a) have reviewed the data reporting requirements established for eligible training providers posted at: [www.wtb.wa.gov/etp/etpdatareporting.htm](http://www.wtb.wa.gov/etp/etpdatareporting.htm) and at [www.wtb.wa.gov/etp.html](http://www.wtb.wa.gov/etp.html)
- (b) will report to the Workforce Training and Education Coordinating Board required **student records for all students trained in each of the training programs we have listed on the Eligible Training Provider List**
- (c) will submit the annual data report no later than December 10, 2004.

Finally, I understand that WTECB will not process my school/organization's Eligible Training Provider application without receiving this Assurances Form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Title of Signatory

\_\_\_\_\_  
Name of School/Organization

\_\_\_\_\_  
Address and Contact Phone Number